

City of Torrance Community Development Department, Building and Safety Division Building Permit Application

3031 Tor	rance Blvd Tor	rrance CA 90503	(310) 618-5910				
Required Information	runce Biva., Tol	Trance C11 70303	(310) 010 3710				
Property/							
Job Address:							
Person Preparing			Date:				
This Form:							
Property Owner:			Owner Phone:				
Owner's Address:							
(if different)							
Business /			Phone :				
Tenant Name:			Dhara				
Architect / Engineer:			Phone:				
Architect /			I				
Engineer Address:							
Contractor:	Contrac		Class	Phone:			
(As shown on License)	License	e #:					
Business Address:							
ROJECT INFORMATION							
Project Valuation (include all remodel areas) \$			Size in Square Feet				
No. of Buildings Now on Lot		No. of Stories					
<u> </u>							
Uses of Existing Buildings	Lot Area						
Description of Work							
SOUTH COAST AIR			-				
ny person applying for a non-residential building permit m			t. If you have any quest	tions about			
ompleting this non-residential checklist, please call 1-80	U-288-7664 for a	ssistance.					
	AIR QUALITY	Y PERMIT CHECK	LIST				
Will the facility have any of the following equipment?		2 Will any of the	e following operations be p	performed?			
	Y N			<u>Y</u>	N		
Charbroiler, dry cleaning machine, spray booth				Application of paints or adhesives			
Printing press (screen / lithograph / flexographic)		Etching, plating, casting, or melting of metals					
Internal combustion engine (> 50 hp - excluding motor vehicles)		Molding, extruding, or curing of plastics					
Boiler/combustion equipment (> 2 million BTU/hr max input)		Mixing and ble	ending of liquids and/or pov	vders			
Abrasive blasting cabinet / room		Storage of ac	ids, solvents, organic liquid	s, or fuels			
Baghouse / cartridge-type dust filter / scrubber	ghouse / cartridge-type dust filter / scrubber		Production of fumes, dust, smoke, or strong odors				
Motor fuel storage and dispensing equipment							
Does this preject involve the use or emission of shemicals lists		Doos this arei	ant require a release from	AOMD nor the			
Does this project involve the use or emission of chemicals liste hazardous materials per Section 65850-2 of the California Gov		AQMD checkl	ect require a release from	AQIVID per trie			
Code?		AQIVID CHECK	151:				
oue:							
Signature							
Person preparing this form	e-mail			date			
If you marked "No" in ALL the boxes,	an air quality perm	nit is NOT needed at t	this time This checklist is a	our written release			
		iii is ivo i necaca at i	ing time. This encomistric	your writterricidade.			
f you marked "Yes" in ANY of the boxes, you must co		goment District /	AOMD).				
		gement District (A					
21865 E. Copley Drive, I		•	103) 330 - 3323				
	800 - 288 - 7664 1 - 909 - 396 - 24						
FAX:	909 - 390 - 24	O I					

^{**} PERMIT APPLICATION RECEIVED BY FAX OR MAIL MUST BE ACCOMPANIED BY OWNER-BUILDER/CONTRACTOR DECLARATION FORM (\$5.20 MICROFILM FEE)